

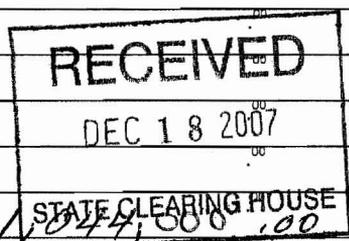
Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <i>12-17-2007</i>	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY <i>12-17-2007 N/A.</i>	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <i>Siskiyou Rolling Hills mutual water Co.</i>		Organizational Unit: Department:	
Organizational/DUNS:		Division:	
Address: Street: <i>P.O. Box 954 or 501 Arroyo Dr</i>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: <i>Ureka</i>		Prefix:	First Name: <i>Robert</i>
County: Siskiyou		Middle Name <i>W.</i>	Last Name <i>Phares</i>
State: CA	Zip Code <i>96097</i>	Suffix:	
Country: USA		Email: <i>buckhunter@netv.com</i>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>94-1700383</i>		Phone Number (give area code) <i>Cell- 530-905-8323</i>	Fax Number (give area code) <i>H. 530-842-1729</i>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types)	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		Other (specify) <i>Mutual Water Co - Non Profit</i>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water Loan & Grant Program		9. NAME OF FEDERAL AGENCY: USDA, Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>Sis. County - Rolling Hills Subdivision: 3 mile area</i>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Replace all 4" 46" steel pipe also 4" pipe swh 40 pipe water meters through out subdivision Replace - 3 - 10,000 gal Tanks with one big 135,000 gal Tank or bigger.</i>	
13. PROPOSED PROJECT Start Date: <i>Spring 08</i> Ending Date: <i>Fall 08</i>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 - Wally Herger b. Project District 2 - Wally Herger	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <i>1,044,000.00</i>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ <i>1,044,000.00</i>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name <i>Roger</i>	Middle Name <i>Nelson</i>	
Last Name <i>Lange</i>	Suffix		
b. Title <i>President</i>	c. Telephone Number (give area code) <i>530 872-2119</i>		
d. Signature of Authorized Representative <i>Roger Lange</i>	e. Date Signed <i>12-17-07</i>		



DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

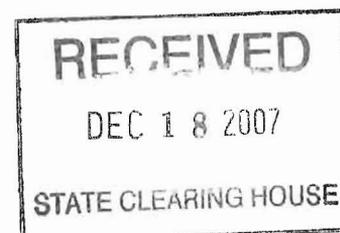
Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Project ID:	CA-04-0058
Budget Number:	1 - Budget Pending Approval
Project Information:	FY07Expansion Buses/Bus Security Cameras

Part 1: Recipient Information

Project Number:	CA-04-0058
Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Address:	1700 WEST 162ND ST. , GARDENA, CA 90247 0000
Telephone:	(310) 217-9523
Facsimile:	(310) 538-1989

Union Information

Recipient ID:	1640
Union Name:	GARDENA MUNICIPAL EMPLOYEE ASSOCIATION
Address 1:	100 Oceangate, Suite 1200
Address 2:	
City:	Long Beach, CA 90802 0000
Contact Name:	Fred Quiel
Telephone:	(562) 628-5551
Facsimile:	(760) 631-7780
E-mail:	fgq@mindspring.com
Website:	



Recipient ID:	1640
Union Name:	AFSCME, LOCAL 1117
Address 1:	1618 Gramercy Avenue
Address 2:	

City:	Torrance, CA 90501
Contact Name:	Jeanie Moorman
Telephone:	(131) 094-4911
Facsimile:	(310) 328-5541
E-mail:	jeaniemoorman@yahoo.com
Website:	

Recipient ID:	1640
Union Name:	AMALGAMATED TRANSIT UNION (ATU)
Address 1:	5025 Wisconsin Avenue, N.W.
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	lw@atu.org
Website:	

Recipient ID:	1640
Union Name:	ATU LOCAL #1277
Address 1:	3200 Wilshire Blvd., Suite #11
Address 2:	
City:	Los Angeles, CA 90010 1315
Contact Name:	Neil Silver
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350
E-mail:	nsilver@atulocal1277.com
Website:	

Recipient ID:	1640
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue, NW
Address 2:	
City:	Washington, DC 20001
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110
E-mail:	feedback@teamsters.org
Website:	

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Recipient ID:	1640
Union Name:	TEAMSTERS
Address 1:	3202 East Willow Street
Address 2:	
City:	Long Beach, CA 90806
Contact Name:	Office Administrator
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	mjaklevick@teamsters911.com
Website:	

Recipient ID:	1640
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	15999 Cypress Avenue
Address 2:	
City:	Irwindale, CA 91706
Contact Name:	James Williams
Telephone:	(162) 696-2998
Facsimile:	(213) 962-8079
E-mail:	utujaw@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	GMEO-GARDENA MGMT. EMPLOYEE ORGANIZATION
Address 1:	Howard Hugh Center Drive
Address 2:	6701 Center Drive West
City:	Los Angeles, CA 90045
Contact Name:	Vicky Barker
Telephone:	(310) 337-1222
Facsimile:	(310) 337-9494
E-mail:	vbarker@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	AFSCME-AMERICAN FEDERATION STATE, COUNTY & MUNICIPAL EMPLOYEE
Address 1:	234 Loma Drive
Address 2:	
City:	Los Angeles, CA 90026
Contact Name:	Cheryl Parisi
Telephone:	(121) 338-9914

Facsimile:	(213) 484-9629
E-mail:	cparisi@afscme.org
Website:	www.afscme.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 Lynrose Drive
Address 2:	
City:	Anaheim, CA 92804
Contact Name:	Raymond Huffer
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	rhuffer@tcunion.org
Website:	www.tcunion.org

Recipient ID:	1640
Union Name:	TRANSPORTATION COMMUNICATION INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850
Contact Name:	Chris Tully
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369
E-mail:	ctully@tcunion.org
Website:	www.tcunion.org

Recipient ID:	1640
Union Name:	UTU - UNITED TRANSPORTATION UNION
Address 1:	Bus Department
Address 2:	14600 Detriot Avenue
City:	Cleveland, OH 44107 4250
Contact Name:	Roy Arnold
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755
E-mail:	bus@utu.org
Website:	

Recipient ID:	1640
Union Name:	AFSCME-AMERICAN FEDERATION STATE, COUNTY & MUNICIPAL EMPLOYEE
Address 1:	1625 L. Street, NW

Address 2:	
City:	Washington, DC 20036 5687
Contact Name:	Kerri Korpi
Telephone:	(202) 429-1000
Facsimile:	(202) 429-1293
E-mail:	kkorpi@afscme.org
Website:	www.afscme.org

Recipient ID:	1640
Union Name:	SEIU-SERVICE EMPLOYEE'S INT. UNION
Address 1:	1313 L. Street, NW
Address 2:	
City:	Washington, DC 02005 4101
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3491
E-mail:	sterna@seiu.org
Website:	info.seiu.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	1625 Massachusetts Avenue, NW
Address 2:	
City:	Washington, DC 20036
Contact Name:	Carmen Parcelli, ESq (GE&C)
Telephone:	(301) 938-4910
Facsimile:	(202) 624-7420
E-mail:	cparcelli@tcunion.org
Website:	tcunion.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	3 Rearch Place
Address 2:	
City:	Rockville, MD 20850
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369
E-mail:	rscardelletti@tcunion.org
Website:	www.tcunion.org

Recipient ID:	1640
Union Name:	UTU - UNITED TRANSPORTATION UNION
Address 1:	c/o Carmen Parcelli, Esq (GE&C
Address 2:	1625 Massachusetts Aneuen, NW
City:	Washinton, DC 20036 2243
Contact Name:	Robert Clayman, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$2,996,015
Project Number:	CA-04-0058	Adjustment Amt:	\$0
Project Description:	FY07Expansion Buses/Bus Security Cameras	Total Eligible Cost:	\$2,996,015
Recipient Type:	City	Total FTA Amt:	\$2,396,812
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Wayne Bush (310) 217-9523	Total Local Amt:	\$599,203
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309-2	S.C. Tgt. Date:	None Specified
State Appl. ID:	06	S.C. Eff. Date:	None Specified
Start/End Date:	May. 30, 2008 - Dec. 30, 2009	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	No
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 30, 2007		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon

Project Details**PROJECT DESCRIPTION & JUSTIFICATION**

The first item requests funding to finance 80% of the cost of acquiring five alternative fuel buses for service expansion. This purchase will include the acquisition of a farebox and radio for each bus. These five new expansion buses will provide overcrowding relief, improve headways and increase the weekday time span during which service is offered. Specifically, headway improvement will be first targeted for Gardena Line # 2 in order to relieve peak period overcrowding. Both Lines # 2 and # 3 will be candidates for timetable adjustments to improve schedule adherence and reliability to the public. The fareboxes will include smart card capabilities that will interface with Los Angeles County's universal fare system.

The second item is the retrofit of all fixed route buses with an on-board bus surveillance camera system. This system shall be a digital system that records to a removable hard drive. It shall consist of seven high-resolution day/night cameras on both the interior and exterior of each bus that will record to a digital video system. This system will provide Gardena Municipal Bus Lines with the ability to record all activity on board and adjacent to each bus while in revenue service. This will greatly enhance the security of all passengers and bus operators. If funding can be separately acquired for upgraded AVL capabilities, the system will be designed to have the capacity for real time monitoring of events.

The requested funding for this grant breaks down as follows:

FY 2006 FTA Section 5309	\$1,166,889
FY 2007 FTA Section 5309	\$1,229,923
Total Section 5309	\$2,396,812
Local Match	\$599,203
Grand Total	\$2,996,015

The 20% local share programmed for all the above projects will come from California Transportation Development Act, Article 4(TDA) and Proposition A 40% Discretionary funds and Proposition C 5% Security funds allocated to the City of Gardena.

All of the projects in this grant application will be carried out in the South Bay subregion of Los Angeles County with service centering on the City of Gardena. GMBL also serves the cities of Hawthorne, Lawndale, Compton, Torrance, Lomita, Carson, Redondo Beach, the Los Angeles strip area, and downtown Los Angeles.

The service provider that would carry out the projects is the City of Gardena Municipal Bus Lines (GMBL) as the provider of fixed route services. Paratransit service is contracted by GMBL and provided by First Transit, Inc. The fixed route service operates seven days per week on four primary fixed routes and fourteen commuter

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

2. DATE SUBMITTED 12/18/2007	Applicant Identifier []
3. DATE RECEIVED BY STATE []	State Application Identifier []
4. Federal Identifier DE-FG02-05ER46241	

1. TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION * Organizational DUNS: 12472672

* Legal Name: The Regents of the University of California

Department: Sponsored Projects Office Division: []

* Street1: 2150 Shattuck Ave. Suite 313 Street2: []

* City: Berkeley County: Alameda * State: CA: Californ

Province: [] * Country: UNITED ST * ZIP / Postal Code: 94704-5940

RECEIVED
DEC 19 2007
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name: Patricia Middle Name: [] * Last Name: Gates Suffix: []

* Phone Number: (510)642-8109 Fax Number: (510)642-8236 Email: SPO_grants_gov@lists.berkeley.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):
94-6002123

7. TYPE OF APPLICANT:
H: Public/State Controlled Institution of Higher Education

8. TYPE OF APPLICATION: New
 Resubmission Renewal Continuation Revision

Other (Specify):
Small Business Organization Type
 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify): []

9. NAME OF FEDERAL AGENCY:
Chicago Service Center

* Is this application being submitted to other agencies? Yes No
What other Agencies? []

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
81.049
TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fundamental Studies of Catalyzed Complex Hydridea

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
USA

13. PROPOSED PROJECT:
* Start Date: 11/01/2008 * Ending Date: 10/31/2011

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-009 b. * Project: CA-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Samuel Middle Name: [] * Last Name: Mao Suffix: []

Position/Title: Professor * Organization Name: The Regents of the University of California

Department: Mechanical Engineering Division: []

* Street1: 6143 Etcheverry Hall, MC1740 Street2: []

* City: Berkeley County: Alameda * State: CA: Californ

Province: [] * Country: UNITED ST * ZIP / Postal Code: 94720-1740

* Phone Number: 510-486-7038 Fax Number: 510-642-6163 * Email: samao@me.berkeley.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding <input type="text" value="1,349,969.00"/> b. * Total Federal & Non-Federal Funds <input type="text" value="1,349,969.00"/> c. * Estimated Program Income <input type="text" value="0.00"/>	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="12/18/2007"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative
 Prefix: * First Name: Middle Name: * Last Name: Suffix:
 * Position/Title: * Organization:
 Department: Division:
 * Street1: Street2:
 * City: County: * State:
 Province: * Country: * ZIP / Postal Code:
 * Phone Number: Fax Number: * Email:
 * Signature of Authorized Representative * Date Signed
20. Pre-application
21. Attach an additional list of Project Congressional Districts if needed.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/13/07 12/19/07	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: River Highlands Community Services District	Organizational Unit: Department:
Organizational DUNS: 808597719	Division:
Address: Street:	Name and telephone number of person to be contacted on matters involving this application (give area code)
PO Box 334	Prefix: Mr.
City: Smartville	First Name: Aaron
County: Yuba	Middle Name:
State: California	Last Name Ward
Zip Code 95977	Suffix:
Country: United States	Email: award@co.yuba.ca.us



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6 8 - 0 2 3 2 2 1 3

Phone Number (give area code) 530-749-7520	Fax Number (give area code) 530-749-7524
---	---

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

G
Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 0

TITLE (Name of Program):
Water and Wastewater loan/grant

9. NAME OF FEDERAL AGENCY:
USDA, Rural Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Purchase and installation of wastewater treatment facility to maintain long term compliance with Regional Water Quality Control Board requirements. SEE ATTACHED NARRATIVE

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

River Highlands Community Services District, Yuba County

13. PROPOSED PROJECT

Start Date: 01/02/08 Ending Date: 07/01/08

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant Congressional District 2 b. Project Congressional District 2

15. ESTIMATED FUNDING:

a. Federal	\$	1,422,000 ⁰⁰
b. Applicant	\$	9,400 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	1,431,400 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

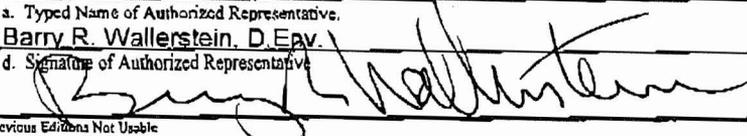
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Chris	Middle Name
Last Name Armstrong	Suffix	
b. Title Chairman of the Board of Directors	c. Telephone Number (give area code) 530-979-0070	
d. Signature of Authorized Representative	e. Date Signed 12/12/07	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED <i>12-21-07</i>	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A 009094-07-1
5. APPLICANT INFORMATION			
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT		Organizational Unit:	
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765		Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780	
6. EMPLOYER IDENTIFICATION (EIN): <u>953099419</u> Organizational DUNS: 025986159		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): <u>Regional Agency</u>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: <u>Carryover</u>		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.001</u> TITLE: <u>Air Pollution Control Program Support</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2007-08 Air Pollution Control Program Support	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <u>Orange, and the and non-desert areas of San Bernardino, Los Angeles, and Riverside Counties</u>			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:	b. Project
10/01/07	09/30/08	23-48	23-48
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>12/21/07</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	549,338	
b. Applicant	\$	0	
c. State	\$	0	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	549,338	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Barry R. Wallerstein, D. Env.		b. Title: Executive Officer	c. Telephone Number (909) 396-2100
d. Signature of Authorized Representative 		e. Date Signed <u>12/20/07</u>	

RECEIVED
DEC 21 2007
STATE CLEARING HOUSE

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-04-0042
Budget Number:	1 - Budget Pending Approval
Project Information:	Purchase of Alt-Fueled 42' Buses

Part 1: Recipient Information

Project Number:	CA-04-0042
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	100 S. Main St. 10th Floor, LOS ANGELES, CA 90012 0000
Telephone:	(213) 928-9770
Facsimile:	(213) 928-9768

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	(213) 251-4575
Facsimile:	(213) 251-4577
E-mail:	tedhunt@lappl.org
Website:	



Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	

City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106
E-mail:	mbutler@teamster.org
Website:	

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4911
Facsimile:	(301) 330-7662
E-mail:	scardelltir@tcunion.org
Website:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Cara McGinty
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937
E-mail:	c_mcgin@utu.org
Website:	

Recipient ID:	1644
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. NW
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo E. Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	Email: dispatch@atu.org
Website:	None

--	--

Recipient ID:	1644
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	1100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754
Contact Name:	John Stripes
Telephone:	(323) 261-3010
Facsimile:	(323) 261-1580
E-mail:	jstipes@ppoa.com
Website:	

Recipient ID:	1644
Union Name:	SEIU
Address 1:	1313 L Street, NW
Address 2:	
City:	Washington, DC 02005
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3402
E-mail:	sterna@seiu.org
Website:	

Recipient ID:	1644
Union Name:	ALADS
Address 1:	828 W. Washington Blvd.
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Roy Burns
Telephone:	(213) 749-1020
Facsimile:	(213) 747-2705
E-mail:	rburns@alads.org
Website:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 4250
Contact Name:	Roy Arnold
Telephone:	(216) 228-9400

Facsimile:	(216) 228-0937
E-mail:	Bus@utu.org
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,306,250
Project Number:	CA-04-0042	Adjustment Amt:	\$0
Project Description:	Purchase of Alt-Fueled 42' Buses	Total Eligible Cost:	\$1,306,250
Recipient Type:	City	Total FTA Amt:	\$1,045,000
FTA Project Mgr:	Charlene L. Lorenzo	Total State Amt:	\$0
Recipient Contact:	Chuck Hammerstein	Total Local Amt:	\$261,250
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309-2	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jan. 31, 2008 - Dec. 31, 2009	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	No
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 30, 1999		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

--	--

State ID	District Code	District Official
6	24	Elton Gallegly
6	25	Howard P McKeon
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	39	Linda T Sanchez
6	46	Dana Rohrabacher

Project Details

Purchase of CNG 42' buses for use on the highly successful Los Angeles International Airport FlyAway service. This service provides bus transit from key remote locations where motorists can park their cars nearer to their point of origin and take a LAWA-operated bus to Los Angeles International Airport (LAX) instead of driving and parking at or near the airport. Remote baggage check-in is also offered at the FlyAway Locations.

The buses will be a 2008 42-Cargo model. Buses will meet current Federal ADA requirements for a 42 foot long transit bus.

Front door will have a wheelchair ramp and have two forward facing wheelchair locations near the front of the bus.

Source of Federal Funds

TIP# LAE0566 Expansion of...FlyAway Shuttle Bus System Federal Earmark E2006-BUSP-120 and E2007-BUSP-0082. Local funds from Prop. A/C Local Return funds as stated below.

LONP was authorized by the FTA August 30, 2007. Grant funds originate from SAFETEA-LU funds as approved in fiscal years 2006 and 2007 (\$1,045,000 ID number E2006-BUSP-120 and 2007-BUSP-0082) and from anticipated congressional appropriations as authorized under SAFETEA-LU for the FY2008-2009 period.

The buses will be configured for airport passengers and luggage. The project will allow Los Angeles World Airports (LAWA) to add starter buses for a new FlyAway remote locations. This expansion of the FlyAway bus service is a requirement of the LAX Master Plan Monitoring and Reporting Program, and one of the conditions of the settlement of lawsuits filed against the LAX Master Plan. Currently there are three FlyAway locations with plans for six additional remote locations throughout Southern California by 2015.

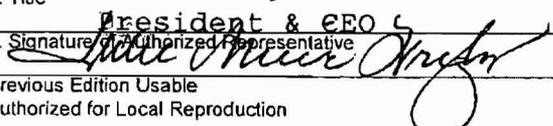
Project Justification:

Bus Purchase - Alt-fuel vehicles for clean air. Reduction of single-occupancy-vehicle (SOV) trips to the airport.

Regional and municipal transit providers in the County of Los Angeles include the LACMTA (Metro), the City of Los Angeles, Arcadia, Claremont, Commerce, Culver City, Foothill Transit, Gardena, LaMirada, Long Beach, Montebello, Norwalk, Beach Cities, Santa Monica, Torrance, Antelope Valley, and Santa Clarita.

DOL APPLICATION CHECKLIST

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Julie Meier Wright		Organizational Unit: Department:		
Organizational DUNS: 07 337 6519		Division:		
Address: Street: 530 B Street, 7th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Julie Middle Name:		
City: San Diego		Last Name: Meier Wright		
County: San Diego		Suffix:		
State: CA		Email: jmw@sandiegobusiness.org		
Zip Code: 92101		Phone Number (give area code): 619-234-8484		
Country: USA		Fax Number (give area code): 619-234-1935		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 240 6199		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: EDA		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.307 TITLE (Name of Program): Economic Adjustment asst.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Prepare a mega-region economic development strategy for San Diego County, Imperial County & Northern Baja.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial County & San Diego County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 53 San Diego b. Project: 51 Imperial County		
13. PROPOSED PROJECT Start Date: Feb. 2008 Ending Date: Jan. 2009		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	225,000		
b. Applicant	\$	13,000		
c. State	\$	-		
d. Local	\$	77,000		
e. Other	\$	-		
f. Program Income	\$	-		
g. TOTAL	\$	315,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Ms.		First Name: Julie		Middle Name:
Last Name: Meier Wright		Suffix:		
b. Title: President & CEO		c. Telephone Number (give area code): 619.234.8484		
d. Signature of Authorized Representative: 		e. Date Signed: 12/21/2007		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: **Imperial Valley Economic Development Corp.**

Organizational DUNS: **01-560-5806**

Address: **1224 State St., Suite C**

City: **El Centro**

County: **Imperial**

State: **CA** Zip Code: **92243**

Country: **USA**

Organizational Unit: **STATE CLEARING HOUSE**

Department: _____

Division: _____

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: **Mr.** First Name: **Timothy**

Middle Name: **Edward**

Last Name: **Kelley**

Suffix: _____

Email: **tim@ivedc.com**

6. EMPLOYER IDENTIFICATION NUMBER (EIN): **33-0873809**

Phone Number (give area code): **760-353-8332**

Fax Number (give area code): **760-353-9149**

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)

Other (specify): _____

7. TYPE OF APPLICANT: (See back of form for Application Types)

Other (specify): _____

9. NAME OF FEDERAL AGENCY: **EDA**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **11.307**

TITLE (Name of Program): **Economic Adjustment asst.**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: **Prepare a mega-region economic development strategy for San Diego County, Imperial County & Northern Baja.**

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): **Imperial County & San Diego County**

13. PROPOSED PROJECT

Start Date: **Feb. 2008** Ending Date: **Jan. 2009**

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: **53 San Diego** b. Project: **51 Imperial County**

15. ESTIMATED FUNDING:

a. Federal	\$	225,000	00
b. Applicant	\$	13,000	00
c. State	\$	-	00
d. Local	\$	77,000	00
e. Other	\$	-	00
f. Program Income	\$	-	00
g. TOTAL	\$	315,000	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: _____

b. No. PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: _____ First Name: **Timothy** Middle Name: **Edward**

Last Name: **Kelley** Suffix: _____

b. Title: **Pres./CEO**

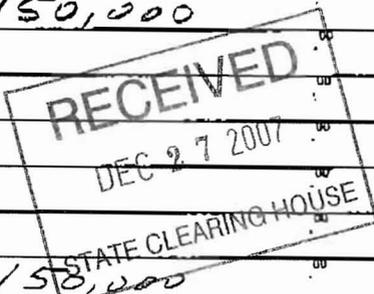
c. Telephone Number (give area code): **760-353-8332**

d. Signature of Authorized Representative: _____ e. Date Signed: **12/11/2007**

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 12-27-2007	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: MTN. GATE C.S.D.		Organizational Unit: Department: WATER		
Organizational DUNS: 023864283		Division:		
Address: Street: 14500 WOODLAND BLVD City: Redding County: SHASTA State: CALIF. Zip Code: 96001 Country: U.S.A		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: 530 275-3002 First Name: ROBERT Middle Name: KENNETH Last Name: MARIETTE Suffix: Email: MG CSD@SHASTA.COM		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6050023		Phone Number (give area code) 530 275-3002		Fax Number (give area code) 530 275-3043
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) G		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ECWA9 TITLE (Name of Program): 10-763		9. NAME OF FEDERAL AGENCY: RURAL DEVELOPMENT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MTN GATE SHASTA CO. CA.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WATER SYSTEM INTAKE EXTENSION AND REPAIR		
13. PROPOSED PROJECT Start Date: 1-08 Ending Date: 3-08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Henger b. Project		
15. ESTIMATED FUNDING: a. Federal \$ 150,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 150,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative				
Prefix		First Name ROBERT		Middle Name KENNETH
Last Name MARIETTE		Suffix		
b. Title GENERAL MANAGER		c. Telephone Number (give area code) 530 275-3002		
d. Signature of Authorized Representative		e. Date Signed 12-27-07		



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier 3-06-0030-05
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: MONO COUNTY		Organizational Unit: Department:	
Organizational DUNS: 08-612-8832		Division: BRYANT FIELD	
Address: Street: P.O. BOX 457		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: KELLY	
City: BRIDGEPORT		Middle Name:	
County: MONO		Last Name GARCIA	
State: CALIFORNIA	Zip Code 93517	Suffix:	
Country: USA		Email: kgarcia@mono.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 5 6 6 1	Phone Number (give area code) 760-932-5446	Fax Number (give area code) 760-932-5441
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) B. COUNTY Other (specify)
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM	9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): BRIDGEPORT, MONO COUNTY, EASTERN CALIFORNIA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. DESIGN OF VARIOUS AIRPORT IMPROVEMENT PROJECTS: REALIGN STOCK DRIVE, CONSTRUCT PERIMETER FENCING WITH AUTOMATIC GATE, CONSTRUCT RUNWAY / TAXIWAY CONNECTOR, OVERLAY RUNWAY, OVERLAY TAXIWAY, MIRL, PAPI, REIL, SUPPLEMENTAL WIND CONE. 2. LAND ACQUISITION
---	--

13. PROPOSED PROJECT Start Date: APRIL 2008 Ending Date: NOVEMBER 2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25th b. Project 25th
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 384,750.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: DECEMBER 21, 2007
b. Applicant \$ 20,250.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 405,000.00	



18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name KELLY	Middle Name
Last Name GARCIA	Suffix	
b. Title ASSISTANT DIRECTOR OF PUBLIC WORKS	c. Telephone Number (give area code) 760-932-5446	
d. Signature of Authorized Representative	e. Date Signed	

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	*Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
3. Date Received:	4. Applicant Identifier: R9 Tracking #: 08-005	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: City of Whittier		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000812		*c. Organizational DUNS: 07-724-2279
d. Address:		
*Street 1:	<u>13230 Penn Street</u>	
Street 2:	_____	
*City:	<u>Whittier</u>	
County:	_____	
*State:	<u>California</u>	
Province:	_____	
*Country:	<u>United States of America</u>	
*Zip / Postal Code	<u>90602</u>	
e. Organizational Unit:		
Department Name: Public Works		Division Name: Water
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Mr.</u>	*First Name: <u>David</u>
Middle Name:	_____	
*Last Name:	<u>Pelser</u>	
Suffix:	_____	
Title:	<u>Director of Public Works</u>	
Organizational Affiliation:		

*Telephone Number: (562) 464-3510	Fax Number: (562) 464-3588	
*Email: <u>dpelser@cityofwhittier.org</u>		



Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

10 Name of Federal Agency:*U.S. Environmental Protection Agency****11. Catalog of Federal Domestic Assistance Number:**

66.802 _____

CFDA Title:

Superfund State, Political Subdivision, Indian Tribe Site Specific Cooperative Agreements***12 Funding Opportunity Number:**

N/A _____

*Title:

N/A _____

13. Competition Identification Number:

N/A _____

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Whittier, CA (Los Angeles County) Central Water Basin

***15. Descriptive Title of Applicant's Project:**

Whittier Narrows Groundwater Contamination Superfund Site

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:*a. Applicant: 42nd, 39th, 38th*b. Program/Project: 39th Congressional**17. Proposed Project:**

*a. Start Date: 4-1-08

*b. End Date: 3-31-10

18. Estimated Funding (\$):

*a. Federal	<u>2,979,250</u>
*b. Applicant	<u>0</u>
*c. State	<u>0</u>
*d. Local	<u>0</u>
*e. Other	<u>0</u>
*f. Program Income	<u>76,109</u>
*g. TOTAL	<u>3,055,359</u>

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on 12/28/07
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. First Name: David

Middle Name: A.

*Last Name: Pelser

Suffix: _____

*Title: Director of Public Works

*Telephone Number: 562-464-3510

Fax Number: 562-464-3588

* Email: dpelser@cityofwhittier.org

*Signature of Authorized Representative:

*Date Signed: